COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL031520 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
the specification of which (check only one item below):
is attached hereto.
☐ was filed as United States application
Serial No
on
and was amended
on
☑ was filed as PCT international application
Number PCT/TB2004/052620
on 01 December 2004
and was amended under PCT Article 19
on (if applicable).
Lhosphy state that I have reviewed and understand the contents of the above-identified specification, including the

claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

Lhereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03104914.1	22 December 2003	YES

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

ADDRESS

DATE

Prof. Holstlaan 6

Attorneys Docket Number PHNL031520 US

The Netherlands

(Includes Reterrance or Pol International Approximations)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Direct Telephone Calls to: Jack E. Haken, Reg. No. 26,902 (name and telephone number) Michael F. Marion, Reg. No. 32,266 (914)332-0222 Edward M. Blocker, Reg. No. 30,245 SECOND GIVEN NAME FIRST GIVEN NAME FULL NAME OF | FAMILY NAME Peter INVENTOR DIRKSEN STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & 201 The Netherlands Belgium CITIZENSHIP Leuven STATE & ZIP CODE/COUNTRY CITY POST OFFICE POST OFFICE ADDRESS

	POST OFFICE ADDRESS	Kapeldreef 75	B-3001 Leuven	Belgium
	FULL NAME OF INVENTOR	FAMILY NAME HAYES	FIRST GIVEN NAME Robert	SECOND GIVEN NAME Andrew COUNTRY OF CITIZENSHIP
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	Australia STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Hoistlaan 6	5656 AA Eindhoven	The Netherlands
	FULL NAME OF INVENTOR	JUFFERMANS	FIRST GIVEN NAME Casparus	SECOND GIVEN NAME Anthonius Henricus
203	RESIDENCE & CITIZENSHIP	CITY Leuven	STATE OR FOREIGN COUNTRY Belgium	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Kapeldreef 75	B-3001 Leuven	STATE & ZIP CODE/COUNTRY Belgium
	FULL NAME OF INVENTOR	FAMILY NAME STEFFEN	FIRST GIVEN NAME Thomas	SECOND GIVEN NAME
204	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or JAMP patient issuing thereon.

5656 AA Eindhoven

SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

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	ard M. Blocker, I		(914)	332-0222
Lun	FULL NAME OF INVENTOR		FIRST GIVEN NAME Peter	SECOND GIVEN NAME
201	RESIDENCE & CITIZENSHIP	CITY Leuven	STATE OR FOREIGN COUNTRY Belgium	The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Kapeldreef 75	B-3001 Leuven	STATE & ZIP CODE/COUNTRY Belgium
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
	-0	
DATE	DATE 17 August 2005	DATE
SIGNATURE OF INVENTOR 204		

DATE
SIGNATURE OF INVENTOR 204

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STATE & ZIP CODE/COUNTRY CITIZENSHIP The Netherlands Findhoven POST OFFICE POST OFFICE ADDRESS The Netherlands 5656 AA Eindhoven ADDRESS Prof. Holstlaan 6

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DATE	DATE	DATE 19 August 2005		
SIGNATURE OF INVENTOR 204		-		
DATE				

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Prof. Holstlaan 6

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